Division of
Health Care
Finance & Administration

Health Care
Innovation Initiative

Executive Summary

Non-emergent Depression Episode

OVERVIEW OF A NON-EMERGENT DEPRESSION EPISODE

The non-emergent depression episode revolves around patients who are diagnosed with depression or comorbid anxiety and depression. The trigger event is a visit indicated by a professional claim with a diagnosis of depression or anxiety that does not occur in the Emergency Department or during a hospitalization.

If the triggering claim has a diagnosis of depression it must be confirmed by an additional professional claim with a diagnosis of depression. If the triggering claim has a diagnosis of anxiety it must be confirmed by two professional claim detail lines with a diagnosis of depression (which may or may not be part of the same claim).

Professional claims (or claim detail lines) with a diagnosis of depression are identified by professional claims (or claim detail lines) with either of the following:

- A primary diagnosis of depression
- A secondary diagnosis of depression and a primary diagnosis of a depression-related symptom

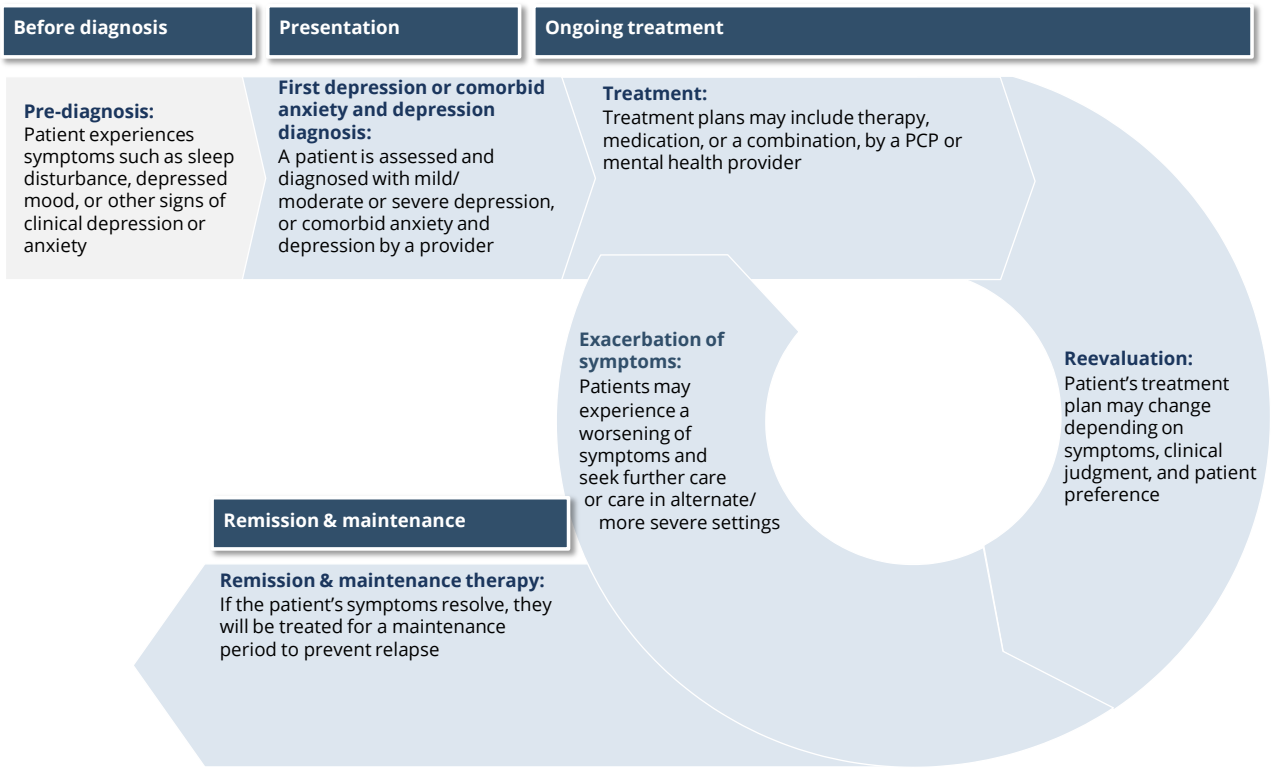
Care with a primary diagnosis of depression, a primary diagnosis of anxiety, or a primary diagnosis of a depression-related symptom and a secondary diagnosis of depression, as well as a specific list of medications, are included in the episode spend. The quarterback, also called the principal accountable provider or PAP, is the provider with the plurality of visits for depression and anxiety during the episode window. The non-emergent depression episode begins on the day of the triggering claim and extends for an additional 179 days.

CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during a non-emergent depression episode to improve the quality and cost of care. An example of a source of value is the effective use of assessments to ensure the diagnosis is accurate and to monitor the effectiveness of treatment. Additionally, providers can rule out underlying medical

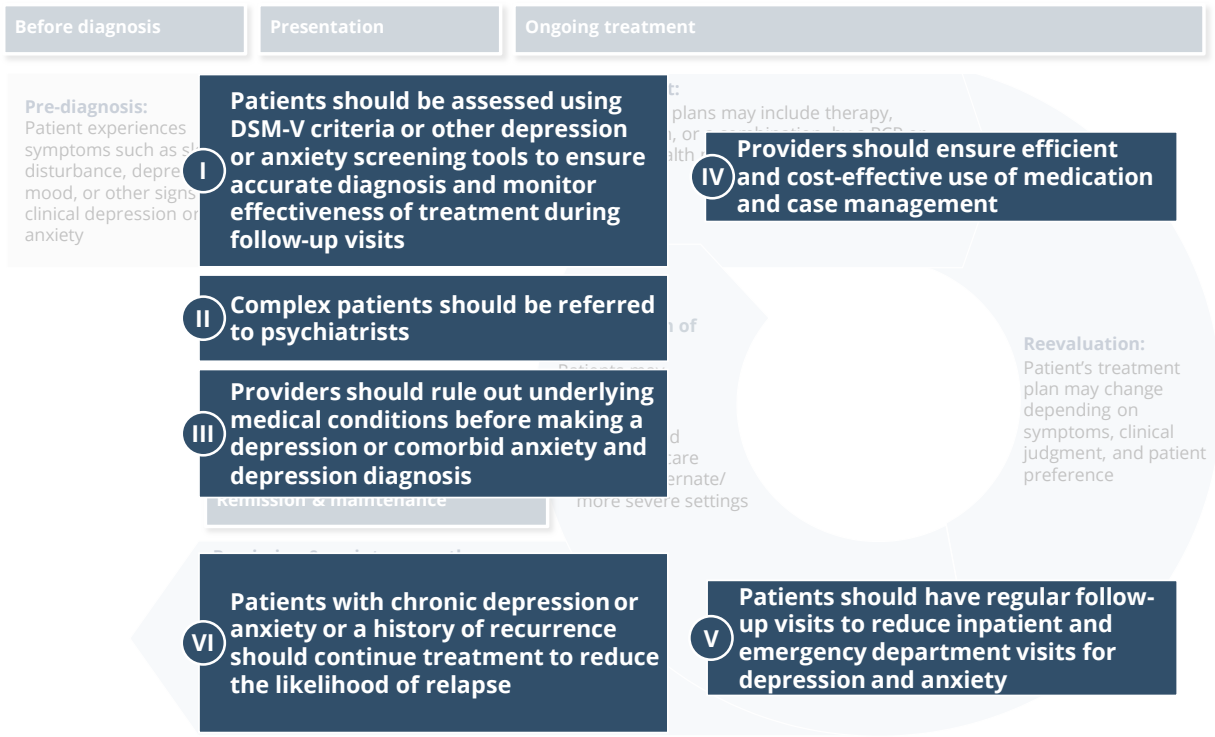
conditions that cause depression through the use of assessments. The provider can also ensure quality care by referring complex patients to different providers who may be more apt to treat the patient. Furthermore, there is an opportunity for providers to ensure efficient and cost-effective use of medication and case management. Overall, appropriate treatment can result in a reduction in inpatient and emergency department visits for depression or comorbid anxiety with depression, and an increase in the probability of patient remission.

Illustrative Patient Journey



Source: Clinical experts, American Psychiatric Association (APA) (2010). *Practice Guideline For The Treatment of Patients With Major Depressive Disorder.*

Potential Sources of Value



Source: Clinical experts, American Psychiatric Association (APA) (2010). *Practice Guideline For The Treatment of Patients With Major Depressive Disorder.*

ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the non-emergent depression episode, the quarterback is the provider with the plurality of visits for depression and anxiety during the episode window. The contracting entity or tax identification number with the plurality of depression and anxiety visits will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the non-emergent depression episode in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The non-emergent depression episode has no pre-trigger window. During the trigger window the following services are included in episode spend: services with a primary diagnosis of depression, a primary diagnosis of anxiety, or a primary diagnosis of a depression-related symptom and a secondary diagnosis of depression, and pharmacy claims with HIC3 codes for specific medications. The non-emergent depression episode has no post-trigger window.

Some exclusions apply to any type of episode, i.e., are not specific to a non-emergent depression episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Other examples of exclusion criteria specific to the non-emergent depression episode include a patient who has autistic disorder or schizophrenia. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more

complicated patients. Examples of patient factors likely to lead to the risk adjustment of non-emergent depression episodes include cardiac conditions or recurrent major depressive disorder. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the non-emergent depression episode are:

- **Minimum care requirement:** Percentage of valid episodes that meet the minimum care requirement. The minimum care requirement is set at 5 visits/claims during the episode window. These may be a combination of E&M and medication management visits, therapy visits, level I case management visits, or pharmacy claims for treatment of depression or anxiety.
- **Utilization of benzodiazepines in children:** Percentage of valid episodes where the patient is under 18 and filled at least one prescription for benzodiazepines

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Hospitalizations and Emergency Department visits:** Percentage of valid episodes with one or more depression or anxiety-related hospitalizations or Emergency Department visits
- **Follow-up visits:** Percentage of valid episodes with a follow-up visit within 7 days after a depression or anxiety-related hospitalization or Emergency Department visit

- **Utilization of related medication:** Percentage of valid episodes that include medication related to the condition
- **Utilization of therapy:** Average number of therapy or level I case management visits per valid episode
- **Utilization of assessment:** Percentage of valid episodes that include an assessment or testing
- **Utilization of benzodiazepines in adults:** Percentage of valid episodes where the patient is 18 years or older and filled 6 or more prescriptions for benzodiazepines during the episode and did not fill at least one prescription for benzodiazepines in the year prior to the episode start date

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.